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## BIB DATA SHEET

CONFIRMATION NO. 9003

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS                             | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.        |                                    |
|---|---|-----------------------------------|---|-------------------------------|------------------------------------|
| 10/630,402  | 07/30/2003<br>RULE  | 604                               | 3736  | 1066                          |                                    |
| <b>APPLICANTS</b><br>Patrice Flaherty, Minden, LA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>10/27/2003  |   |                                   |   |                               |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /JEFFREY GERBEN<br>Acknowledged /HOCKSTRA/<br>Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR<br/>COUNTRY</b><br>LA | <b>SHEETS<br/>DRAWINGS</b><br>3   | <b>TOTAL<br/>CLAIMS</b><br>23 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>R. Keith Harrison<br>2139 E. Bert Courts<br>Shreveport, LA 71105<br>UNITED STATES   |   |                                   |   |                               |                                    |
| <b>TITLE</b><br>Devices for collecting blood and administering medical fluids   |   |                                   |   |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>869   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                               |                                    |